PTO/SB/01 (10-05)

Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number Attorney Docket **DECLARATION FOR UTILITY OR** Number DESIGN First Named Inventor PATENT APPLICATION (37 CFR 1.63) Application Number Declaration Declaration Filing Date Submitted OR Submitted after Initial With Initial Filing (surcharge Art Unit Filing (37 ČFR 1.16 (e)) required) **Examiner Name** I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for WANG, Xia, Ding[CN/CN]; 304, Building 5, the Dorm of Fu zhou Number 8 middle School, 707 # , Bayiai Middle Road , Fuzhou City, Fujian province, China, 350004 (Title of the Invention) the specification of which Healthy Bed for Nursing is attached hereto was filed on (MM/DD/YYYY) as United States Application Number or PCT International PCT/CN 2004/ 020 and was amended on (MM/DD/YYYY) Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as (if applicable). amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date **Prior Foreign Application** Foreign Filing Date Number(s) Priority **Certified Copy Attached?** Country (MM/DD/YYYY) Not Claimed

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file [Page 1 of 2] This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

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supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Additional inventors or a legal representative are being named on the

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and			First Named Inventor		VIA NILL	
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Statement un	der 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96	5)			
	SIGNATURE of	Applicant	or Assignee of Recor	d		·
Signature	王涅王			Date	2/2/06	
Name WANG, X/a, D/ng Telephone						
Title and Company	i					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

signature is required, see below*. *Total of

____ forms are submitted.